

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. City Infirmary)

FEB 8 1937 791
Registration District No. 1003
Primary Registration District No. 1

File No. 4224
Registered No. 1284
St. Ward

2. FULL NAME John C. Scott

(a) Residence, No. City Infirmary St. 13 Ward. 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1854
7. AGE YEARS 83 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil 262
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Laborer
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

FATHER 13. NAME John Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

MOTHER 15. MAIDEN NAME Elizabeth Goistong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

17. INFORMANT A. Lane (ADDRESS) 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Jan. 29, 1937

19. UNDERTAKER J. Ryan (ADDRESS) City Infirmary

20. FULL TIME REGISTRAR J. H. Bredeck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1937
22. I HEREBY CERTIFY, that I attended deceased from Jan 12 1937 to Jan 19 1937
I last saw him alive on Jan 19 1937. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

Erysipelas, focal Date of onset 1-12-37
Chr. Myocarditis

Other contributory causes of importance: None
Name of operation None Date of
What test confirmed diagnosis? ELISA (Was there an autopsy?) Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Henry H. Hirsch M. D.
(Address) 5600 Arsenal

